

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER	RSD		6/11/00
FORMALITY REVIEW	M.M.	71629	8-7-00
RESPONSE FORMALITY REVIEW	M.M.	71629	8-31-00

# INDEX OF CLAIMS

✓ ..... Rejected N .....  
 = ..... Allowed I .....  
 - (Through numeral)..... Canceled A .....  
 + ..... Restricted O .....  
 ..... Interference  
 ..... Appeal  
 ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	1		4-16-03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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